PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with ap, cable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VIF19 Alexandria, VI

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where paperprairs All infurner correspondence including the Pattent, advance orders and nonliteration of maintenance fees will be increased to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance for contifications.

			pap	ers. Each additional paper e its own certificate of ma	, such as an assignment	or formal drawing, must
23589 7590 07/17/2006 HOVEY WILLIAMS LLP 2405 GRAND BLVD., SUITE 400 KANSAS CITY, MO 64108			Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmist als being deposited with the United States Postals Service with sufficient postage for first class mail in an envelope addressed to the Mall Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated being the sufficient postage for the control of the Computer			
						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/821,040 04/07/2004			Christoph Ender KOCH37078 9247			
TITLE OF INVENTIONS	COMBINED LIQUID	COLLECTOR AND MIX	KER FOR MASS TRANSE	FER COLUMN AND ME	THOD EMPLOYING S	AME
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	50	\$1700	10/17/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			
BUSHEY, CHARLES S		1724	261-097000	•		
☐ Fee Address' indi- ITO/SB4/Rev 03-0. Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Unbrecordation as set fort (A) NAME OF ASSIC Koch-Glits Please check the appropri 4a. The following fec(s) as 22 Issue Fee 22 Issue Fee 23 Issue Fee (2) Publication Fee (N	ondence address (or Cha v/122) attached. cation (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ass an assignee is ident in 37 CFR 3.11. Comp in Electric C	nge of Correspondence " Indication form ed. Use of a Customer A TO BE PRINTED ON' iffed below, no assignee letion of this form is NO categories (will not be pu	2. For printing on the patent front page, list (1) the annues of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the numers of up to 2 registered patent attorneys or agent. If no name is 3 registered attorney or agent is more agent in the patent is listed, no name will be printed. The PATENT (print or type) data will appear on the patent. If an assignment. (8) RESIDENCE (CITY and STATE OR COUNTRY) Wichita, Kansas inted on the patent): Individual Corporation or other private group entity Government D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Dre Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0522.			
5. Change in Entity Stat			overpayment, to Depó	sit Account Number 19-	-0522 (enclose an	extra copy of this form).
a. Applicant claims	SMALL ENTITY state	is. See 37 CFR 1.27.	b. Applicant is no long			
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if requeered of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other than t Office.	he applicant; a registered a	attorney or agent; or the	assignee or other party in
Authorized Signature Multiper Hourd		Date August 25, 2006				
Typed or printed namy Michael B. Hurd			Registration No. 32,241			
This collection of informa an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, Vi Alexandria, Virginia 223	ntion is required by 37 C iality is governed by 35 application form to the ons for reducing this but irginia 22313-1450. DC 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO	etain a benefit by the publi imated to take 12 minutes idual case. Any comment ir, U.S. Patent and Traden) THIS ADDRESS. SENI	ic which is to file (and b to complete, including s on the amount of time ark Office, U.S. Depart of TO: Commissioner fo	by the USPTO to process) gathering, preparing, and you require to complete ment of Commerce, P.O. r Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Note: A certificate of mailing can only be used for domestic mailings of the